

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 631041

1. Entity Name  
GULF SHAMROCK PLUMBING, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90042 039 \*\*\*150.00

Principal Place of Business  
119 TAMiami TrL.  
UNIT G  
PORT CHARLOTTE FL 33953

Mailing Address  
1000 KINGS HWY  
PORT CHARLOTTE FL 33980

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

6. Name and Address of Current Registered Agent

HAUSMAN, ALBERT  
4404 BOGGS ST  
PORT CHARLOTTE FL 33948

3. Mailing Address

Suite, Apt. #, etc. #263

City & State

Zip

7. Name and Address of New Registered Agent

Name HAUSMAN ALBERT  
Street Address (P.O. Box Number is Not Acceptable) 1000 Kings Hwy #263

City PT Charlotte, FL Zip Code 33980

4. FEI Number **59-1575749**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAUSMAN, ALBERT	
STREET ADDRESS	4404 BOGGS ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAUSMAN, CAROL	
STREET ADDRESS	4404 BOGGS STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, CALVIN	
STREET ADDRESS	1588 RADA LANE	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Albert Hausman</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert Hausman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01  
Date

Daytime Phone #

CR2E034 (10/00)